



Australian Government
Department of Veterans' Affairs

Policy Development Branch

SOP Bulletin No. 235

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THE FOLLOWING RMA SOPS TAKE EFFECT ON 27 MARCH 2023

New conditions	Nil
Revocations & Replacements	warts vascular neurocognitive disorder* cervical spondylosis thoracolumbar spondylosis# mitral valve prolapse chronic obstructive pulmonary disease periodic limb movement disorder
Amendments	Nil

* replaces vascular dementia

replaces and combines thoracic spondylosis and lumbar spondylosis

NOTEWORTHY FEATURES

warts

Revocation – 7 & 8 of 2023

Replaces 70 & 71 of 2014

- The definition has been reformatted but the SOP coverage is unchanged.
- There are minor wording changes to the existing factors, including an increase in the maximum time between physical contact with the causative virus and clinical onset of warts.
- There is a new RH only onset only factor for having systemic or cutaneous lupus erythematosus.

vascular neurocognitive disorder

Revocation – 9 & 10 of 2023

Replaces 78 & 79 of 2014, as amended

- The name of the SOP has been changed, from vascular dementia. SOP coverage now includes major neurocognitive disorder (which includes dementia) but also mild neurocognitive disorder of vascular origin, which was previously a non-SOP condition.
- Subarachnoid haemorrhage has been added to the existing cerebrovascular accident factor in the RH and BOP SOPs.
- There are new RH and BOP factors for air pollution and traumatic brain injury.
- There are new RH only factors for: recurrent migraine; recurrent orthostatic hypotension; and SARS-CoV-2 (Covid-19) infection.
- The previously RH only tobacco smoking factor has been extended to the BOP SOP.
- Age restrictions in multiple factors have been removed (hypertension BOP factor - before age 65; RH only obesity factor - before age 65; RH only hyperhomocysteinaemia factor - before age 50; depression RH and BOP factors – before age 65; but not the dyslipidaemia RH only factor– before age 65 restriction retained).

cervical spondylosis

Revocation – 11 & 12 of 2023

Replaces 66 & 67 of 2014, as amended

- The “kind of injury, disease or death” section of the SOP has been restructured in response to the “Boys vs Repatriation Commission” federal court decision, which found that the date of clinical onset of cervical spondylosis in that case was the date of the radiological imaging used to establish the diagnosis.

- The previous requirement, that the SOP applies when there are both clinical manifestations and imaging evidence of degenerative change, has been retained. However, that requirement is now in a separate sub-paragraph (7(2)) to the actual definition (7(3)).
- There is an accompanying note to indicate that the required imaging will usually be after the date of clinical onset.
- There is also, for the first time in any SOP, a definition of “clinical onset” (specific to cervical spondylosis, in the Schedule 1 Dictionary).

“clinical onset means the point backwards in time from the first date of imaging confirming cervical spondylosis, to the date at which the symptoms of cervical spondylosis were persistently present, as assessed by a registered medical practitioner.”

- Additional information, concerning exclusions and common features, that in other SOPs are elements of the definition, also have separate sub-paragraphs in this SOP (7(4) & (5)).
- The purpose of these changes is to make it clear that:
 - (i) A diagnosis based on imaging evidence of degenerative change is required for the SOP to be applied; and
 - (ii) The date of that imaging does not determine the date of clinical onset for the condition (which will generally predate the imaging).
- These new SOP elements concerning clinical onset of spondylosis are consistent with what is already standard practice and policy for assessing clinical onset at the primary claims level.
- In the factors concerning: infection; intra articular fracture; trauma; and specified spinal conditions, the minimum latency period has been shortened from 1 year to 6 months.
- In the trauma factor:
 - the maximum latency period between trauma and clinical onset is now 20 years in both the RH and BOP SOPs (previously 25 yrs for BOP and no limit for RH); and
 - the previous reference in the associated definition, to physical force “including G force”, has been deleted, as has the accompanying definition for “G force”. The separate factor for (experience high G forces from) flying in high performance aircraft has been retained.
- The carrying loads on the head factor now has a cumulative total requirement expressed in hours (previously in kilograms). There are no changes to minimum weight or latency requirements.
- There are new RH and BOP factors for: undergoing spinal fusion; and having a penetrating injury to an intervertebral disc.

- This SOP combines the previously separate SOPs for thoracic spondylosis and lumbar spondylosis. Please refer to the SOP information advice in CLIK for information on appropriate diagnostic labelling for this condition. In essence, separate diagnoses of lumbar spondylosis, thoracic spondylosis, or spondylosis confined to particular specified levels in the spine, can still be made when appropriate.
- The “kind of injury, disease or death” section has all the same changes as discussed above, for cervical spondylosis, including a new definition for clinical onset (of thoracolumbar spondylosis).
- Most of the factors in the previous SOPs were the same for both conditions. Most of the factors in the new combined SOP apply for spondylosis anywhere in the thoracolumbar spine, but there are some factors (3 onset and 3 matching worsening factors in RH and 2 such factor pairs for BOP), that apply for lumbar spondylosis only: i.e., having a kyphotic abnormality or lordotic abnormality affecting the lumbar spine (RH only); leg length inequality; and flying in an engine powered aircraft as operational aircrew.
- In the factors concerning: infection; intra-articular fracture; trauma; and specified spinal conditions, the minimum latency period has been shortened from 1 year to 6 months.
- In the trauma factor:
 - the maximum latency period between trauma and clinical onset is now 20 years in both the RH and BOP SOPs (previously 25 yrs for BOP and no limit for RH); and
 - the previous reference in the associated definition, to physical force “including G force”, has been deleted, as has the accompanying definition for “G force”. The separate factor for (experience high G forces from) flying in high performance aircraft has been retained.
- There are no changes to the lifting or carrying loads factors, or the flying factors, in the new combined SOP.
- There are new RH and BOP factors for: undergoing spinal fusion; and having a penetrating injury to an intervertebral disc.
- A previous RH only factor for extreme forward flexion of the spine has been removed.

mitral valve prolapse**Revocation – 15 & 16 of 2023**

Replaces 43 & 44 of 2014

- The definition has been reformatted but the SOP coverage is unchanged. An echocardiogram is still required for diagnosis.
- There was previously an RH only, worsening only factor for flying in high performance aircraft. That factor has been removed, leaving inability to obtain appropriate clinical management as the only factor in both the RH and BOP SOPs.

chronic obstructive pulmonary disease**Revocation – 17 & 18 of 2023**

Replaces 37 & 38 of 2014 as amended

- The definition has been reformatted and simplified. Previous sub-definitions for “chronic bronchitis” and “emphysema” have been replaced by a note that describes the symptoms/characteristics of each. The previously used term of “chronic airflow limitation” has been replaced by “persistent airflow limitation”. That term has been redefined (in the Schedule 1 – Dictionary) and now just requires a post-bronchodilator FEV1/FVC ratio of < 0.7 (an FEV1 of < 80% is no longer required).
- The inhaling smoke from combustion of fuels now covers “polluting fuels” as specified, which includes kerosene, but not other petroleum products or natural gas.
- The factors for chronic inhalation of specified vapours, gases and fumes no longer covers dusts. Chronic dust inhalation was also and is still covered by a separate factor, but that factor now excludes wood dust.
- There are new RH and BOP onset and worsening factors for: pulmonary tuberculosis; alpha-1 antitrypsin deficiency; asthma; and bronchiectasis.
- There is a new RH and BOP worsening factor for gastro-oesophageal reflux disease.

periodic limb movement disorder**Revocation – 19 & 20 of 2023**

Replaces 26 & 27 of 2014

- The definition has been reformatted, but SOP coverage is unchanged. The requirement for polysomnography (a sleep study) to confirm the diagnosis has been moved to a note.
- There are new RH only factors for: Parkinson’s disease; multiple sclerosis and the drugs mirtazapine and tricyclic antidepressants.
- A number of previous factors have been removed, as follows:

- RH only factors for: risperidone (an atypical antipsychotic), typical antipsychotics; coffee consumption; generalised anxiety disorder; and panic disorder;
- RH and BOP factors for: radiculopathy; and peripheral neuropathy;
- BOP factors for: iron deficiency; and venlafaxine.

Contact for this bulletin:

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